

State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name Flying K Trailer Ranch

PWS ID# 41 00455

Month/Year 05/24 Entry Point: EP-B for wells #2 & #3

Required Minimum Residual 0.4 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1		<u>Wells 2 & 3</u>	<u>.04</u>	
2			<u>.04</u>	
3	<u>12:30 PM</u>		<u>.04</u>	
4	<u>9:12 AM</u>		<u>.04</u>	
5	<u>8:00 AM</u>		<u>.04</u>	
6	<u>5:00 PM</u>		<u>.04</u>	
7	<u>4:45 PM</u>		<u>.04</u>	
8	<u>2:23 PM</u>		<u>.04</u>	
9	<u>1:00 PM</u>	6077	<u>.04</u>	
10	<u>10:56 AM</u>		<u>.04</u>	<u>65071</u>
11	<u>9:46 AM</u>		<u>.6</u>	<u>65092</u>
12	<u>4:55 PM</u>		<u>.6</u>	<u>65102</u>
13	<u>10:23 AM</u>		<u>.8</u>	<u>65127</u>
14	<u>2:24 PM</u>		<u>.8</u>	<u>65145</u>
15	<u>3:48 PM</u>		<u>.6</u>	<u>65167</u>
16	<u>5:00 PM</u>		<u>.6</u>	<u>65188</u>
17	<u>9:15 AM</u>		<u>.6</u>	
18	<u>11:14 AM</u>		<u>.6</u>	
19	<u>11:45 AM</u>		<u>.6</u>	<u>65234.7</u>
20	<u>5:22 PM</u>		<u>.4</u>	
21	<u>3:35 PM</u>		<u>.6</u>	<u>65292</u>
22	<u>3:30 PM</u>		<u>.6</u>	<u>65301</u>
23	<u>5:00 PM</u>		<u>.6</u>	<u>65319</u>
24	<u>1:05 PM</u>		<u>.6</u>	<u>65331</u>
25	<u>3:46 PM</u>		<u>.6</u>	<u>65346</u>
26	<u>11:09 AM</u>		<u>.6</u>	<u>65357</u>
27	<u>4:24 PM</u>		<u>.6</u>	
28	<u>5 PM</u>		<u>.6</u>	
29	<u>7:30 AM</u>		<u>.6</u>	<u>65419</u>
30			<u>.6</u>	<u>65440</u>
31			<u>.6</u>	

Was the chlorine residual ever less than the required minimum residual of 0.4 mg/L? Yes No
 If yes, what was the longest time period until the required level was restored? _____ hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to 0.4 mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>
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Printed Name: Jean A. Murphy Title: Property Manager Operator Certification #: _____
 Signature: Jean A. Murphy Phone #: (541) 624-5188 OR
 Date: 5/31/2024 Small Groundwater System

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.